

521 First Street, PO Box 10 · Milford,
www.nedha.org



NE 68405 (402) 761-2216 ·

On behalf of the Nebraska Dental Hygienists' Association, I would like to submit the following information and comments concerning information that was a part of the discussion attendant to the meeting of October 20, 2014.

Attached is supporting documentation from *Suzanne Newkirk, RDH* and *Lynne Slim, RDH* in the article, *"The laggards of dental hygiene"* of the safety of dental hygienists administering local anesthesia for over 40 years. Analyses conducted in 1990 and again in 2005 found no complaints reported to any state boards against dental hygienists for local anesthesia administration. Another article from *Dimensions* written by *Kathy Bassett, RDH*, *Sean G. Boynes, DMD, MS* and *Art DiMarco, DMD* also conclude that "there is no published evidence of an increased incidence of adverse events, regardless of the varying scope of practice in the United States."

Also attached is email correspondence with Dr. Stanley Malamed who is a Diplomat of the American Dental Board of Anesthesiology as well as the author of widely utilized textbooks, *"Handbook of Local Anesthesia"*, and *"Handbook of Medical Emergencies in the Dental Office."* Dr. Malamed states, "He is unaware of any increased risk (morbidity/mortality) associated with the administration of local anesthesia by dental hygienists under general supervision versus indirect supervision. So long as the person injecting the drug is trained to (1) administer properly (aspirate, slow injection); (2) adequately perform a physical evaluation of the patient (review medical history); (3) be able to recognize signs & symptoms of "problems", and (4) be able to manage those problems, whether or not a doctor is physically present in the office should not make a difference in safety."

Supporting information on the safety of anesthetic reversal agents titled, *"Pharmacokinetics of Lidocaine With Epinephrine Following Local Anesthesia Reversal With Phentolamine Mesylate"* is included and shows efficacy and safety in utilization to decrease the duration of soft-tissue anesthesia after local anesthetic administration.

The Director's Report on the proposal to update the scope of practice of dentistry pertinent to the administration of dental anesthesia by Dr. Joseph Acierno shows concern for the "need to require appropriate education and training in dental sedation for all involved who provide such procedures." "We must take action to ensure that such education and training is required of all who perform these procedures, as well as those who assist those who perform them."

"Trends in death associated with pediatric dental sedation and general anesthesia" (from Pediatric Anesthesia), *"Child Deaths from anesthesia"* (from RDH Magazine) and Part 1 and Part 2 of *"Dental Sedation Death and Injuries"* by Michael Davis, DDS, are also included, showing concerns with inadequacies for lack of training for supporting staff.